



Express Mail Mailing Label No. EB 076107537 US

**TRANSMITTAL
FORM**

Application Number	10/563,181
Filing Date	April 24, 2006
First Named Inventor	Milan Lampic-Oplander
Group Art Unit	1793
Examiner Name	Yee, Deborah
Attorney Docket No.	20496-503
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Check Attached
<input checked="" type="checkbox"/> Copy of Fee Transmittal Form

<input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]

<input checked="" type="checkbox"/> Petition for Extension of Time (3 Months)

<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citations

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)

<input type="checkbox"/> Replacement Drawing(s)

<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal

<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application

<input type="checkbox"/> Small Entity Statement

<input type="checkbox"/> CD(s) for large table or computer program

<input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction

<input type="checkbox"/> Certificate of Correction

<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Brief (in triplicate)

<input type="checkbox"/> Status Inquiry

<input type="checkbox"/> Return Receipt Postcard

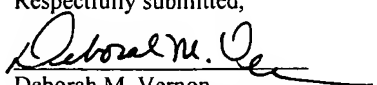
<input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|--|--|--|

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

SIGNATURE BLOCK

Date: May 20, 2008
Reg. No.: 55,699
Tel. No.: (617) 526-9836
Fax No.: (617) 526-9899

Respectfully submitted,

Deborah M. Vernon
Attorney for the Applicant(s)
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600

**FEE TRANSMITTAL**
FY 2008

Complete if Known

Application No.	10/563,181
Docket No.	20496-503
Filing Date	April 24, 2006
First Named Inventor	Milan Lampic-Oplander
Group No.	1793
Examiner Name	Yee, Deborah
Confirmation No.	3787

METHOD OF PAYMENT

☐ Payment Enclosed:
☐ Check ☐ Money Order ☐ Other

☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 503081.
☒ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.

☐ Applicant claims small entity status. (deduct 50%)

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing	Search	Examination	Fee Paid
Utility	310	510	210	
Design	210	100	130	
Plant	210	310	160	
Reissue	310	510	620	
Provisional	210	0	0	

Small Entity Discount**1. TOTAL****2. EXCESS CLAIM FEES**

	Fee	Small Entity Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	210	105	
Total Claims		Extra Claims	Fee Paid (\$)

- 20 or HP= _____ x \$ _____ =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee Paid (\$)
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- 3 or HP= _____ x \$ _____ =

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)
	370	185	

2. TOTAL:**3. APPLICATION SIZE FEE**

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
		round up to a whole number	x	=
-100=	0	/50=		0.00

3. TOTAL:**CORRESPONDENCE ADDRESS**

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FEE CALCULATION (continued)**4. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
120	60	Extension for reply within 1 st mo.	
460	230	Extension for reply within 2 nd mo.	
1,050	525	Extension for reply within 3 rd mo.	1,050.00
1,640	820	Extension for reply within 4 th mo.	
2,230	1,115	Extension for reply within 5 th mo.	
510	255	Notice of Appeal	
510	255	Filing a brief in support of an appeal	
1,030	515	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of IDS	
810	405	Filing a submission after final rejection (37 CFR 1.129(a))	
810	405	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	
Other fee (Specify)			
Other fee (Specify)			
4. TOTAL:			1,050.00

TOTAL AMOUNT SUBMITTED**(\$ 1,050.00)****SIGNATURE BLOCK**

Respectfully submitted,

Deborah M. Vernon
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